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Passed March 29th. 1827
W. R. H.

A Treatise on Dysentery, by Robert Randolph Turner of Fauquier, Virginia.

A treatise on Dysentery.

Doctor Cullen defines this disease to be, "One of a contagious nature, in which the patient has frequent mucous evacuations, accompanied by much griping, and followed by a tenesmus; the stools altho frequent, being small in quantity, and the matter voided, chiefly mucous, often streaked with blood. At the same time, the natural fæces seldom appear; and when they do, it is generally in substances of a compact and hardened form." This definition is perhaps, as correct as any other, with one exception;—I allude to its being of a contagious nature. That Dysentery may be propagated by contagion, has been advocated by some of our most able writers; still the opinion, at the present day, is not acceded to, by the most thinking and judicious practitioners.

The disease is much more incident to warm climates, than cold ones; it prevails, generally, towards the end of summer, or the beginning of autumn; continuing from about six

weeks, to two months, sometimes longer. At this season of the year, it is undoubtedly, in our country, very frequently an epidemic, and as far as I can judge, is more to be attributed to the influence of an impure atmosphere, than to any other cause. We sometimes find it very prevalent and severe, after close and hot weather; especially if after this, the body be exposed to a damp and cold atmosphere. It generally appears, about the same time, with autumnal remittent and intermittent fevers; and with them it is frequently complicated or combined; it is, likewise, sometimes complicated with typhus. It varies in different seasons and years, so as to require different, and sometimes opposite modes of treatment.

As I stated before, Dysentery has been supposed, by many, to arise from contagion, generated in the system of one person and imparted to another. But from the character, which the disease generally assumes, in our country, I think we have no sufficient grounds for such an opinion. Where there are many crowded together, as happens in jails and hospitals, and when the disease is originally typhus, or assumes that character in its

progress, I presume it may possibly be communicated by contagion. The disease however, may be attributed to other sources, namely —

Cold and moisture succeeding quickly to intense heat or great drought, by which the perspiration is suddenly checked, and a determination made to the alimentary canal. It is very frequently owing to the influence of miasma, the ordinary cause of our remittent and intermittent fevers. I believe, it most generally happens, that when Dysentery arises from this source, it will assume the remittent form, and that the liver is more or less concerned. A Dysentery arising from the general condition of the atmosphere, differs, I believe, from the remittent and intermittent fevers, only in the intestinal affection, and requires a very similar treatment.

We have also very good reason to believe, that the disease is sometimes produced, by the use of putrid aliment. A particular disposition in the atmosphere, has been thought to give rise to it. The application of cold to the

body, and the reception into the stomach, of poisonous and irritating substances, may also induce the complaint. A change of diet, from a highly stimulating to a less strengthening regimen, is another cause. To this may be added the use of impure and stagnant waters.

A constant exposure to the sun, during the hottest weather, obstructed perspiration, giving rise to the want of a healthy action on the surface of the body; and, in fine, whatever increases the natural irritability of the intestines, may be enumerated among the causes of Dysentery.

Sometimes it accompanies catarrh; sometimes it alternates with rheumatism; and indeed, it has been considered by some, a catarrhal or rheumatic affection of the intestines.

Some have supposed, that the disease may be propagated by contagion, arising from the effluvia of the fecces of dysenteric patients, and not from the febrile perspiration or breath. I believe it never to be contagious, when it prevails in consequence of noxious — miasmatic exhalations.

The disease is sometimes thought to be occasioned, by the frequent use of fruit. There, when green and not properly matured, may like other crude and indigestible substances, prove an exciting cause; but on the other hand, I believe, when ripe and fully matured, they have no bad effect whatever, provided they are taken in moderate quantities.

The heat and moisture of the air, as Sir John Pringle remarked, I have no doubt, exert not a little influence in the production of this disease.

Whatever may be the cause of Dysentery, we have every reason to believe, that it is febrile action, directed to the bowels. In this country, it frequently occurs in autumn, as vicarious of some one of the forms of remittent or intermittent fever. The disease, moreover, assumes at different times, very different types; as it is sometimes remittent, sometimes intermittent, and at other times continued. I believe that the same cause, namely, marsh miasma, will produce either our common remittent fever, or Dysentery, accordingly, as one, or

the other part of the system is predisposed.

I believe that when it arises from marsh effluvia, altho ultimately an intestinal disease, it is, at the commencement, an affection of the stomach. I have observed, that when it prevailed generally, and where there was reason to believe, it proceeded from an impure atmosphere, the patients, in the first place, almost universally complained of a sickness at the stomach. Sometimes they were taken with vomiting, accompanied not unfrequently, with an affection of the head. Like other complaints, arising from the same source, it commences in that organ, and afterwards, is communicated to the bowels, which then become its permanent seat.

Whether the disease has its primary seat in the stomach, when its origin may be traced to the application of cold to some part of the body, I am not able to determine. The first effect of cold, I believe to be, a constriction of the surface, and a consequent recoil of blood, from the superficial vessels. Anae-

cumulation takes place in the internal veins, by which the heart and arteries, are roused to a more than ordinary action. Hence follows congestion, and subsequently inflammation, in the intestines, or some other abdominal viscera.

Dysentery, I think, may be truly considered a congested disease, in very many instances. The reason that under the circumstances, above mentioned, the abdominal organs are more liable to take on disease, than other parts of the system, I believe to be, that they, at that time, are more predisposed to an attack; and, consequently, the affection seizes on the weakest parts.

I am, however, disposed to think, that wherever Dysentery arises from irritating and offensive matter taken into the stomach, it is, at first, a gastric affection, afterwards extending itself to the intestines. In our country, therefore, Dysentery most generally, has its primary seat in the stomach; in as much as, the cause of the disease, may be more attributed, to the ac-

on of unwholesome and deleterious matter upon that
an, than to any other cause.

Among the other causes of Dysentery, I enumerated
at. This, in the first place, I suppose, makes its
pression on the surface, and being extended, through
mpathy, to the internal organs, irritation is produced;
d hence follows disease, provided those parts are in
tate of susceptibility or predisposition.

The inflammation, which attends Dysentery, is in a
at measure, the effect of the general excitement,
hich, at first prevail, the force of which is concentra-
d upon the bowels, in consequence of their being more
a state of susceptibility. The disease is an inflamma-
ry affection of the intestines, more particularly of
heir internal coats. The irritation of the bowels gives
se, to an increased and vitiated secretion from the
halent vessels. Hence, we have the frequent, slimy,
d bloody stools, with the accumulation of acrid matter.
In consequence of the inflammation, attending, the disease,

we have spasmodic action and constriction, accompanied
a morbid irritability.

I think, when the disease is fully developed with
ever, we often find the liver and its appendages, more
less concerned; principally denoted by a very vitiated se-
ction of bile. We sometimes find the secretion of this
ssue suspended, and nothing discharged but blood and
mens, untill we have restored its action, by the app-
ication of proper remedies.

The inflammation commences in the villous coat, and
not timely arrested, by proper remedies, extends itself, in
the course of the disease, to the other coats of the intes-
tines.

When severe, and attended by considerable fever, it is
always accompanied, by a want of healthy action on the
surface of the body, and a suppression of perspiration.
Therefore, in the treatment of the disease, we should al-
ways make a restoration of healthy action, on the surface,
one of the principal indications.

Dysentery sometimes commences with a chill, succeeded by increased heat, thirst, and frequency of pulse, as is the case in fever. But as far as I have observed, it with us, generally begins with some sickness at the stomach, a rumbling noise in the abdomen, griping, and frequent inclination to go to stool, accompanied by much straining.

I am disposed to believe, that the disease, particularly when it may be attributed to the influence of noxious exhalations from vegetable putrefaction, unless it appears in a very mild form, is always, in a greater or less degree, attended with symptoms of fever.

Sometimes, for the first three or four days, the patient complains merely of pain and uneasiness in his stomach and bowels — the constant griping and purging not occurring, untill after this period.

When the disease is at first, attended by considerable fever, upon the occurrence of the purging, we frequently discover a manifest diminution in the febrile symp-

tous. The stools, at first, are commonly abundant and excrementitious, approaching, in their appearance, more to those, which accompany diarrhoea; but after a few days, they become small, watery, and slimy, attended by gripes and tenesmus. As the disease progresses, we have increased discharges of blood and mucus; the gripings are more violent, with pain in the loins; and the inclination to go to stool, without being able to discharge any thing, becomes more frequent and constant. Besides these symptoms, there is more or less pyrexia in the course of the complaint, denoted by a hot and dry skin, parched tounge, thirst, sensations of heat, with other evidences of an inflammatory tendency.

Notwithstanding the fever and inflammation which accompany this disease, and the great demand there is for venesection, in many instances, and other depletory measures, it is frequently subject to a very depressed state of the pulse. This state of the pulse I suppose to be in a great measure, owing to the res-

traint imposed upon the action of the heart and
teries, in consequence of the affection of the stomach
nd small intestines.

Besides the symptoms above mentioned, we have in
the commencement, costiveness, loss of appetite, flatulen-
yet cetera, previous to the griping and tenesmus; at
other time, the last named symptoms make their
ppearance first. As the inflammation proceeds, and be-
omes established, the discharges are more frequent and
painful; the stools are less abundant, and almost always
preceded, by flatulence, rumbling and sharp griping,
nd followed by some respite and cessation of pain.

Formed and natural feces seldom make their
ppearance. When they do, they are in the form of
mall, compact, hard substances, called scybala. When
they appear, the patient is always more or less relieved,
perienceing less griping, and tenesmus, and also fewer mo-
ions.

In the course of the disease, the matter discharged by

stool, differs at different times, both in color and consistence. Sometimes there is merely a discharge of mucus, but generally there is a mixture of blood and mucus. Together with these, I have observed a watery humour, resembling serum; at other times, small lumps, similar to bits of cheese, are to be seen in the stools.

Sir John Pringle observes, that he has known prolapsus ani to follow the violent straining, to which the patient is subject in this disease; and also strangury, from the inflammation extending itself to the neck of the bladder from the rectum.

The stools are, generally, throughout the course of the complaint, distinguished by a very strong and fetid odour, particularly so, towards the termination of unfavorable cases, when the bowels begin to mortify.

When the disease is violent in its attack, or has in the first place, been neglected or improperly managed, the febrile symptoms are apt to continue long, and are more difficult to subdue. But under

opposite circumstances, after a time, they often almost entirely disappear, and leave us the proper dysenteric symptoms to contend with.

When the stomach and small intestines are most affected, it is said, there is more nausea than griping — this and tenesmus being more usual, when the lower intestine are principally concerned. These two symptoms, namely, tormina and tenesmus, are perhaps more painful and distressing, than any others belonging to the complaint, and therefore require our most serious care and attention, in order to palliate and sooth their effects. Tenesmus is said to be owing, generally, to one or the other of these causes, namely, the passage of hardened feces over the inflamed parts; or the accumulation of acrid matter, thereby irritating the intestines. It has also been attributed, to an ulcer in the rectum. This symptom, particularly, is often extremely obstinate, harassing and debilitating the patient to an extreme degree, keeping up a constant irritation in

the rectum, and consequently, an almost continual
disposition to go to stool.

When it has not been arrested by our remedies, and
the symptoms run high, attended by inflammation, and
violent irritation of the bowels, with considerable fy-
ver, great prostration of strength, hiccough, violent
pain, aphtae, a small quick corded pulse, clammy
sweats, cold extremities, and very fetid and involunta-
ry discharges, Dysentery sometimes terminates fatally
in a few days, with all the marks of supervening
mortification. At other times the disease is much
more protracted, and occasionally assumes a chronic
form, inducing great emaciation and debility.

I remarked that the discharges, in this com-
plaint, were sometimes without a mixture of blood.
When this happens, it is said to be attended with
danger, since the bowels are depleted by an effusion
of blood, and the inflammation consequently diminish-
ed.

Dysentery of the acute form, when left to itself, I think, runs its course generally, in about ten days or two weeks; but at other times, it continues in a protracted state, not only for weeks, but months together; and occasionally, cases occur, in which the patients are afflicted for years. This gave occasion to Sydenham to say, that the whole mass of blood, obtained a kind of dysenteric disposition.

The continuance and result of the disease, will be governed very much, by the early use of appropriate remedies, and by due care and attention to the sick person, together with the free circulation of pure air. Every practitioner must be fully aware of the benefit, resulting from having his patients immediately under his direction, at the onset of all acute diseases; for when early assailed by our remedial resources, we always find they yield more readily. Thus, in a great measure, is prevented, the danger of internal accumulation and visceral obstruction.

Dysentery, if taken in time, and proper regard be paid to the patient, may generally be cured with out much difficulty; but, if in the first place neglected, or improperly treated, or if the patient be exposed to cold or impure atmosphere, it frequently occasions great pain, distress, and anxiety, and indeed greatly endangers life.

The signs of a favourable termination are — a gradual diminution of the frequency of the stools, of tenesmus, and of griping, while the natural stools return. Also a remission of pyrexia, a mild and gentle diaphoresis, a return of rest and composure, with a removal of pain, and a gradual cessation of all the acute and severe symptoms, are to be considered as propitious. On the contrary, the case presents an unfavourable aspect, where there is a want of susceptibility to the operation of medicines, accompanied with an exacerbation of the febrile symptoms, much disorder and irritability of the stomach, small and irregular pulse, alteration and depressed expression of

countenance, with restlessness and anxiety.

Great prostration of strength, tension of the abdomen, low muttering delirium, violent tormina and tenesmus, cold extremities, clammy sweats, fetid and involuntary discharges, aphtae and hiccough, are generally the forerunners of death. It is said, that in violent and mortal cases, the food, sometimes, passes through the alimentary canal, with little or no alteration.

The disease after continuing for a length of time, sometimes goes off by a gentle diarrhoea; and in many instances, a disposition to looseness continues, long after the symptoms have subsided. The patient should be particular, with regard to exposure and fatigue, as the disease is liable to return under such circumstances.

With regard to the diagnosis, Dysentery may be distinguished from other bowel affections, principally by the frequent, bloody, and slimy discharges by stool, the tormina and tenesmus. A mixture of blood with the stools, is generally considered the surest diagnostic of Dysentery; but as I observed before, the disease is not always

attended by this symptom, especially at the commence-
ment. We may, likewise, have bloody discharges from
other causes, than an attack of this disease. It has a
stronger resemblance, both in its symptoms and mode
of treatment, to diarrhoea, than to any other affection.
But from this, it may generally be distinguished, in
its unequivocal forms, by the absence of inflammation
and tenesmus in the former.

Appearances, on dissection, teach us, that
the disease exerts its principal force on the in-
ternal coats of the larger intestines, more partic-
ularly the colon and rectum. Sometimes, however, the
smaller intestines present the most evident marks
of disease, and appear most discoloured and inflamed.
This, however, I believe, rarely happens.

We generally find, on dissection, the villous
coats of the large intestines, inflamed, and frequently
affected with ulceration, abrasion, contraction, or mor-
tification. It sometimes happens, that the texture
and shape of the parts, are almost entirely obliterated

by mortification. At other times, considerable portions of the intestines appear to be in a state of constriction, with adhesions, and occasionally abrasions of the villous ~~[illegible]~~ coat.

I believe that signs of ulceration are most evident in the bowels of those, who have suffered, for a long time under the effects of the disease, in its protracted and chronic form. Occasionally it happens, that the minute bloodvessels, on the internal surface of the alimentary canal, wear the appearance of having been eroded by the acrid matter, which is secreted in this disease. Sydenham supposed that the copious discharge of pure blood, which sometimes occur in this complaint, were owing to the erosion of some of the larger vessels of the intestines. Occasionally, the intestines are lined with a bloody mucus; and the veins, on their surface, appear swollen. On dissecting the bodies of those patients, who die of this complaint, I believe, it will generally be discovered, that inflammation, or conges-

tion of some of the abdominal viscera, was either directly or indirectly the cause of death.

It sometimes, in Dysentery, happens, that death takes place, before the system has had time to react, being completely prostrated, and overwhelmed by the violence of the attack. Under such circumstances, we frequently find a considerable degree of congestion, about some of the internal parts. The liver not unfrequently exhibits evident marks of disease; sometimes appearing tender and inflamed; and on other occasions, very much enlarged. Occasionally, the inflammation extends to the urinary bladder and kidneys — and then, we find these organs in a state of disease. The peritoneum, likewise, seems at times, to be in a state of inflammation.

Upon the whole, however, we generally find, on dissection, that the large intestines manifest the most apparent marks of disease, denoted by the thickened, discoloured, and tender appearance of the internal coats, the consequence principally of inflammation and gangrene.

I now come to the method, which it is proper to pursue in the treatment of Dysentery. The indications, which present themselves, in the cure of this disease are — to remove inflammation, with the irritation and spasm, consequent to it; to obtain a free passage of the contents of the alimentary canal; and to restore to the skin its usual healthy action.

For the purpose of removing this affection, when the attack is violent, I think no remedy equal in point of efficacy to venesection, promptly employed. It is true, that many violent cases of Dysentery, have been cured without resorting to this method; yet I believe that the disease has often terminated fatally, in its more severe modifications, by the neglect of this important measure. If the patient be young and vigorous, and the inflammatory symptoms run high, we should on our first visit, draw a sufficient quantity of blood, to make a decided impression on the system; and the operation should be repeated, at no great interval, unless the first

bleeding has made an obvious alteration in the condition of the patient.

In the more northern sections of our country, where the symptoms are very inflammatory, and the disease exceedingly rapid in its progress, the liberal employment of venesection is of the utmost importance especially at the commencement of the attack And even in those districts, where the climate is temperate and warm, if the attack be violent, with much fever, and symptoms highly inflammatory, bleeding is not only of eminent service, but can hardly be dispensed with.

Under these circumstances, small bleedings are of no benefit. They must be early and copious — and repeated again and again, should the symptoms call for it. The low and indistinct state of the pulse, which so often attends this complaint, would seem to impose caution upon us, especially with respect to the use of the lancet, but if we were to judge from the pulse alone, we should frequently draw im-

proper and unfortunate conclusions in the treatment of Dysentery.

Early and repeated venesection, produces its good effects, by lessening the virulence of the bowel affection, and by increasing the susceptibility of the system to the operation of purgatives and other remedies. It not only checks the progress of the disease, but prevents the danger of a chronic disorder, supervening the acute one. When the attack is vehement, and the disease rapid in its progress, I believe there is no remedy, which acts so promptly in diminishing inflammatory action.

Circumstances however sometimes occur, which would not justify the employment of this remedy, at least to any extent. — as; when the patient is of a feeble, debilitated, or exhausted constitution; or where great prostration, and other symptoms denote a typhoid tendency, as sometimes happens.

As the disease occurs in the southern States, we may frequently remove it by purging, diaphoretics, mercury et cetera, without recurring to venesection

at all. This, however, should by no means prevent our using it, whenever the necessity of the case may seem to require it.

Where there is much nausea, and foulness of the stomach, I believe that the early exhibition of an emetic, is very beneficial, as it operates by relieving that organ, of its offensive and irritating contents; and also assists in the evacuation of the contents of the bowels, when followed by a cathartic.

Ipecachuanha and tartar emetic, either alone, or in combination, are generally employed for this purpose. Their operation is to be promoted, by drinking warm water or chamomile tea. It is stated by Cullen and Dungle, that emetics are most successful, when they operate, likewise, by stool. Of this I know nothing, never having administered them with that intention. A combination of an emetic with a cathartic, is sometimes very useful, in evacuating the contents of the bowels, and breaking up the spasm, which exists in them. All authors agree in the vast utility, which may be

derived from the employment of purgatives in Dysentery. They were among the first measures, which were resorted to, for the removal of this complaint. Nature herself, would seem to point out to us the value and importance of this remedy, so obvious are its good effects in cleansing the bowels of their acrid and offensive accumulations, in procuring natural discharges, in reducing the inflammatory tendency, and in removing the irritation and spasm, which attend. There have been some difference and dispute among writers, with respect to the most efficacious article of this class; owing no doubt, in a great measure, to the different characters, which the disease assumes in different climates, and at different seasons. From what experience I have had, as the disease occurs with us, I am inclined to place much more reliance upon calomel, than on any other article of this class; and, indeed, consider it one of the most important medicines in the treatment of the complaint. In urgent cases, it should be administered boldly and speedily; for in order to procure an evacuation

of the contents of the bowels, when the attack first comes on, I prefer it to every other cathartic. Here, I think it best to unite it with jalap or rhubarb, as the combination causes its operation to be more effectual, and brings away more frequent and copious passages.

A few hours after the administration of the calomel, I have found it well to keep up the operation upon the bowels, by prescribing some one of the mild cathartics, as castor oil or epsom salts. If, as sometimes happens, the last mentioned medicine is difficult to be retained, on account of the irritability of the stomach, a mixture of a little calcined magnesia with it, will counteract that effect.

After the bowels have been sufficiently evacuated, the repeated exhibition of calomel in small doses, is very beneficial, in relieving the irritation of the bowels, and in keeping up a gentle operation on them. We, moreover, derive infinite good, from the influence which it exerts over the hepatic and intestinal secretions. When calomel, used in this way, does not produce an

vacuation sufficiently often, some one of the mild laxatives may be occasionally administered.

There is, generally, in Dysentery, an accumulation of black matter in the intestines; and until this is brought away, we seldom find much advancement towards recovery. Calomel freely prescribed, and followed by castor oil, or some other laxative, is almost the only remedy upon which we can rely, to produce a removal of this vitiated secretion.

After we have used the calomel to a sufficient extent, it will be best to maintain a regular action upon the bowels by some of the mild cathartics, untill the stools present a natural appearance. We must be cautious, however, after the disease has continued for some time, not to push purging too far, as it is possible, under such circumstances, to throw the patient into an irrecoverable state of exhaustion and debility. We should always be particular, therefore, to be governed by the strength of the patient in the employment of this remedy.

Mercury exhibited with a view to its alterative effect, is very beneficial in certain cases of acute Dysentery, where the attack wears a lingering aspect, and is not so rapid in its progress, but that it will allow for the slow process, by which this medicine is insinuated into the system, it is, by its general and revolutionizing operation, very efficacious in the removal of the complaint.

In warm climates, where this affection is almost always attended with much derangement of the liver and its appendages, mercury given with the intention alluded to, is infinitely beneficial. Salivation is certainly one of the most effectual measures, to which we can resort, in the treatment of Dysentery, if its alterative effect can be procured in good time.

Opium has had great reputation in Dysentery; and is certainly one of our most important resources, when duly and properly employed. I think it may be laid down as a good general rule, especially in the commencement, that previously to the exhibi-

tion of opium, we should make the reduction of the inflammatory symptoms, a principal indication. It is very beneficial, when combined with calomel, for the purpose of relieving pain, assuaging the spasms, and procuring sleep. It is also useful in determining to the surface of the body, and producing a relaxation of the skin.

This brings me to the consideration of diaphoretics, in the cure of Dysentery. They should always be preceded by venesection, if necessary; and at all events, by those medicines, which evacuate the bowels— as we should not calculate on their good effects, until we have subdued inflammatory action, and removed the acrid and irritating contents of the alimentary canal.

A diaphoretic, from the use of which, I have seen the best effects result, is a combination of calomel, opium, and ipecachuanha, as follows— ℞. opium 6 grs. calomel 18 grs. ipecachuanha 20 grs. to be made into 12 powders, one of which is to be taken

every 2 or 3 hours. This preparation relieves the spasm of the intestines, procures rest and composure, and at the same time produces a moisture on the surface of the body.

Exhibited with a view to diaphoresis, tartarized antimony is undoubtedly a valuable medicine in this complaint. I have generally combined it with a portion of calomel and nitre, the latter article itself, being a very considerable diaphoretic; but even when administered alone, in nauseating doses, and accompanied by diluting drinks, it is very serviceable in restoring the healthy action of the surface.

For the same purpose ipecacuanha is very useful; and has been preferred by some to antimony. I have generally found it best to combine with it a small portion of opium. The stomach, however, in some cases, is so irritable, especially, when the disease is advanced, that it is impossible for the patient to retain either of these medicines sufficiently long, to

derive advantage from their salutary operation.

Under such circumstances, we must resort to anodynes and other measures, which are calculated to compose the irritable state of that organ.

As auxiliary to the cure of Dysentery, I consider the warm bath to be a most efficacious remedy. It acts by regulating the vascular system, and by inducing a flow of blood to the skin. Even in the commencement of the attack, it may be resorted to with the greatest advantage, for the purpose of allaying irritation, and inducing a general perspiration.

Among the most important of our resources, may be enumerated <u>blisters</u>. The application of a large blister, immediately over the surface of the abdomen, I consider to be extremely beneficial, in abating the inflammation, and removing the pain and griping of the bowels. In the advanced stages, they are said to be useful, when applied to the extremities. I have never myself, seen them used in this way.

When the abdomen is swollen, tense, and sore to the touch, with much pain, considerable advantage, it is said, may be derived, from the use of warm fomentations, and stimulating embrocations, together with the application of cups and leeches.

We have it from the best authority, that the application of a flannel roller around the abdomen, is of infinite service in the complaint, for the purpose of inducing diaphoresis, and supporting the intestines.

After the inflammatory symptoms have been subdued, and the bowels sufficiently evacuated, we must recur to opiates, in order to procure rest, and relieve the tormina and tenesmus, which at this stage of the complaint, are frequently very inveterate. At this stage, I have found a combination of opium and ipecacuanha, in small quantities very beneficial. The following prescription is here, a very useful one:-

℞. rhubarb 10 grs. cal. magnesia 30 grs. laudanum 15 drops. oil of anise seed 6 drops. loaf sugar ʒi. Water ℥iii. Dose. ⅟ desert spoonful every 3 hours.

The best mode of exhibiting opiates, in the last stage is perhaps by the rectum for at this time the irritation is greater here than elsewhere. I have seen a decoction of flaxseed, combined with from 50 to 100 drops of laudanum, easily retained and very efficacious, in relieving the patient. Used as an injection, I have likewise known the best effects to result from the use of melted butter, perfectly fresh and free from rancidity.

We may frequently derive considerable advantage from injections, composed of barley water, decoction of starch, and other mucilaginous and nutritious substances.

We should be particularly attentive with respect to the diet of the patient, in this affection. In the violence of the disease, it should

consists of barley water, rice, arrowroot, sago, gruel, flour boiled in milk et cetera. The drinks should be mild and mucilaginous, as panado, toast and water, and flaxseed tea. When the disease has existed for some time, attended with great prostration and debility, a more nourishing diet may be allowed, as light broths, jellies et cetera.

There should always be, if possible, perfect cleanliness, and a free circulation of pure air, in the apartment of the patient.

Persons in a state of convalescence should always be warmly clothed, and should expose themselves as little as possible to the exciting causes of the disease. It is desirable that waistcoats or drawers of flannel should be worn next to the skin.

With regard to the prophylaxis, I shall merely state, that all persons, who are liable to an attack of this disease, should studiously avoid those causes, which are most apt to produce it; and that above all other things, they should be particu-

larly cautious with respect to their mode of living.

I will now devote a few remarks to the treatment of this disease in its chronic form. Although the acute symptoms have subsided, the intestines are frequently left in a weakened and debilitated state. The evacuations are still frequent, and often attended with pain; and the skin parched and dry, with considerable emaciation and debility.

The want of healthy action on the surface of the body, is owing to confinement of the blood to the great vessels internally. Under these circumstances, it will not answer to carry depletory measures to any extent; since the patient is already worn out and exhausted, by the continual irritation, under which he has so long suffered.

Here we must adopt such measures, as are calculated to allay irritation, and determine to the surface of the body.

A little opium, combined with a grain or two of ipecachuanha, is very useful, in order to answer this indication. It is stated upon good authority, that occasional bloodletting, in small quantities, has done much good in this form of the complaint. The patient should be warmly clothed, and flannel should be worn next the skin, for the purpose of keeping up a gentle diaphoresis. which may be done by a proper regimen, and regular exercise, particularly on horseback, if the patients strength will admit of it.

It will be best to abstain from the use of fruit, and all other food, which is calculated to keep up the disorder and laxity of the bowels.

When we have reason to believe that there is obstruction of the liver, denoted, principally, by a clayey appearance of the stools, tenderness upon pressure over the region of that organ, and sallow countenance, we must use mercury, until the symptoms give way.

In this case, the blue pill is the best preparation to which we can resort, according to some of our most experienced practitioners.

Finis.